

FARRELL FAMILY FOUNDATION

GRANT APPLICATION COVER SHEET

Legal name of organization:

IRS Tax Exempt Status: _____ EIN (Tax Identification Number): _____
(Please note: A copy of your IRS and Franchise Tax Board determination letter confirming your status as a tax exempt, not-for-profit organization must accompany this application)

Grant Request Amount:

Organization's Mailing Address:

Name and title of person of primary contact for grant application:

Primary contact's telephone:

Fax:

Primary contact's email address:

Web address:

Title of Project:

Briefly explain in one paragraph the specific purpose for which funds are requested, how the funds will be spent and the anticipated results of your program.

BOARD OF DIRECTORS INFORMATION:

Number of persons serving on the board (please attach list, with brief description of qualifications): _____

Number of directors making a personal contribution to the organization during the past 12 months. _____

Total contributions received from directors in the last fiscal year. _____